Porter's Rare Heritage Turkeys 6460 E 784 N, Fremont, IN 46737 Poult Order Form

Name_		Date				
Address				 	·····	
City:			State:	Zip:		
	Email	·				
Phone (da	ıy): ()	P	hone (night): (
First preferred shipping date:		Latest Date you will accept shipment				
	ondays and Tuesdays ship. (Please be as flo			nnot guarante	e which day	
Substitutions: V your order could the same hatch.	Vrite either Sub or No d be delayed by sever	sub in the column rai weeks or monti	n below. Note: if your state if your state in the state i	ou select No Si ordered are a	ub shipment of vailable from	
Number	Variety	Sub/No Sub	Sub Choice	Price	Total	
		**********		*******		
	******		**********			

			Sub Total			
			Shipping Charges			
Please select pa	yment type		Order	Total		
	order enclosed			A V	n dote	

Use back of page if you need more room.